Department of Veterans Affairs							
TRA	ANSMI	TTAL I	ORM FOR	USE IN	SHIPMENT OF TABULA	TING DAT	A
1. ADDRESSEE					2. STATION NAME AND ADDRESS		
					3. REPLY REFERENCE (Station number/ symbol)	1. EFFECTIVE DATE OF	DATA
5. NO. OF PACKAGES		6. DISPATO	6. DISPATCH DATE  6A. FINAL BATCH (Check)		7. OFFICIAL RESPONSIBLE FOR SHIPMENT (Name, title and signature)		
				8. TABUL	ATING DATA		
REPORTS CON- TROL SYMBOL	JOB NU				DESCRIPTION	NO. OF COPIES OF REPORTS	
(A)	(B	)			(C)	(D)	(E)
9. REMARKS							
NA FORM							

**VA** FORM MAY 1989(R) **7252**JetForm